County: Racine BECKER SHOOP CENTER 6101 16TH STREET RA Op Op Nu

RACI NE 53406 Phone: (262) 637-7486		Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	110	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	110	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	109	Average Daily Census:	109

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	26. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	45. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	1.8	More Than 4 Years	27. 5
Day Services	No	Mental Illness (Org. /Psy)	86. 2	65 - 74	4. 6		
Respite Care	No	Mental Illness (Other)	6. 4	75 - 84	33. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	53. 2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	6. 4	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0	ĺ		Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 9	65 & 0ver	98. 2		
Transportati on	No	Cerebrovascul ar	1. 8			RNs	7.8
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	5. 8
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	4. 6	Male	27. 5	Aides, & Orderlies	38. 1
Mentally Ill	No			Female	72. 5		
Provi de Day Programming for		ĺ	100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19		0ther		Pri vate Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	86	92. 5	104	0	0.0	0	16	100.0	155	0	0.0	0	0	0.0	0	102	93. 6
Intermedi ate				7	7. 5	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	6. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		93	100.0		0	0.0		16	100.0		0	0.0		0	0.0		109	100. 0

County: Racine BECKER SHOOP CENTER

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi t	i ons, Servi ce	s, and Activities as of	12/31/01
beachs builing keporeing refrou					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	si stance of	% Totally	Number of
Private Home/No Home Health	24. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		72. 5	27. 5	109
Other Nursing Homes	21.6	Dressing	2. 8		69. 7	27. 5	109
Acute Care Hospitals	21.6	Transferring	38. 5		45 . 0	16. 5	109
Psych. HospMR/DD Facilities	5. 4	Toilet Use	11. 0		64. 2	24. 8	109
Rehabilitation Hospitals	0.0	Eati ng	36. 7		37. 6	25. 7	109
Other Locations	27. 0	***************	******	*****	******	********	******
Total Number of Admissions	37	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		0.9		Respiratory Care	1. 8
Private Home/No Home Health	3.0	0cc/Freq. Incontinent		70.6		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	52. 3	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	9. 1				Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	1. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.0	Recei vi ng	Mechanically Altered Di	ets 33.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Reside	ent Characteristics	
Deaths	87. 9	With Pressure Sores		0. 9	Have Adva	nce Directives	100. 0
Total Number of Discharges		With Rashes		3. 7	Medi cati ons		
(Including Deaths)	33				Recei vi ng	Psychoactive Drugs	49. 5

************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility			100	Si ze: - 199 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	% %		% Ratio		% Ratio		% Ratio		Rati o		
O Data Assurate Daila Communities and Dala	00.1	00.4	1 11	00.0	1 10	04.0	1 10	04.0	1 17		
Occupancy Rate: Average Daily Census/Licensed Beds	99. 1	89. 4	1. 11	83. 8	1. 18	84. 3	1. 18	84. 6	1. 17		
Current Residents from In-County	89. 9	82. 7	1. 09	84. 9	1. 06	82. 7	1.09	77. 0	1. 17		
Admissions from In-County, Still Residing	70. 3	25. 4	2. 77	21. 5	3. 27	21.6	3. 26	20. 8	3. 38		
Admissions/Average Daily Census	33. 9	117. 0	0. 29	155. 8	0. 22	137. 9	0. 25	128. 9	0. 26		
Discharges/Average Daily Census	30. 3	116.8	0. 26	156. 2	0. 19	139. 0	0. 22	130. 0	0. 23		
Discharges To Private Residence/Average Daily Census	0. 9	42 . 1	0. 02	61. 3	0. 01	55. 2	0. 02	52. 8	0. 02		
Residents Receiving Skilled Care	93. 6	93. 4	1. 00	93. 3	1. 00	91. 8	1. 02	85 . 3	1. 10		
Residents Aged 65 and Older	98. 2	96. 2	1. 02	92. 7	1. 06	92. 5	1.06	87. 5	1. 12		
Title 19 (Medicaid) Funded Residents	85 . 3	57. 0	1. 50	64. 8	1. 32	64. 3	1. 33	68. 7	1. 24		
Private Pay Funded Residents	14. 7	35. 6	0.41	23. 3	0. 63	25. 6	0. 57	22. 0	0. 67		
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	1. 2	0.00	7. 6	0.00		
Mentally Ill Residents	92. 7	37. 4	2. 48	37. 7	2. 46	37. 4	2.48	33. 8	2. 74		
General Medical Service Residents	4. 6	21.4	0. 21	21. 3	0. 22	21. 2	0. 22	19. 4	0. 24		
Impaired ADL (Mean)	53. 6	51. 7	1. 04	49. 6	1. 08	49. 6	1. 08	49. 3	1. 09		
Psychological Problems	49. 5	52. 8	0. 94	53. 5	0. 93	54. 1	0. 92	51. 9	0. 95		
Nursing Care Required (Mean)	5. 2	6. 4	0. 81	6. 5	0. 80	6. 5	0. 79	7. 3	0. 70		
nuising our nequired (mean)	J. 2	J. 1	0. 01	0. 0	0. 00	0. 0	0.70	7.5	0.70		